

Client Past Performance Documentation
for FAA RFO DTFAEN-12-R-00078

I. Your Company Information

Name: _____

Address _____

City/State/Zip _____

II. Customer Company Information (to be completed by customer)

Client Name _____

Address _____

City/State/Zip _____

Point of Contact: _____

Telephone No: _____

Description of Work : _____

Contract Term & Value: _____

III. Past Performance Business Practice (to be completed by customer)

1. Effective Management:

____ Excellent ____ Satisfactory ____ Marginal ____ Failure

Additional Comments: _____

2. Timeliness of Performance: Reliability

____ Excellent ____ Satisfactory ____ Marginal ____ Failure

Additional Comments: _____

3. Quality of Service: Complies with contract requirement.

____ Excellent ____ Satisfactory ____ Marginal ____ Failure

Additional Comments: _____

4. Customer Satisfaction: Satisfactory of end users contractor requirements.

____ Excellent ____ Satisfactory ____ Marginal ____ Failure

Additional Commentss: _____

5. Cost Control: Within budget, cost efficiencies

____ Excellent ____ Satisfactory ____ Marginal ____ Failure

Additional Comments: _____

6. Would you recommend award to this contractor?

____ Yes ____ No

If yes with reservation, please summarize your reservations.

Rater's Name _____

Signature

Print Name

Date